ಶ್ರೀ ಕಾಗೋಡು ತಿಮ್ಮಪ್ಪ :—ಈ ಬ್ಯಾಂಕಿನವರು ಹೆಚ್ಚು ಹೆಚ್ಚು ಯೋಜನೆಗಳನ್ನು ಕೈಗೊಳ್ಳುತ್ತಾರೆ. ಆ ರೀತಿ ಖರ್ಚು ಮಾಡುವ ಹಣ ಸರಿಯಾಗಿ ವಿನಿಯೋಗವಾಗುತ್ತಿದೆಯೇ ಇಲ್ಲವೇ ಎಂಬುದನ್ನು ನೋಡಿಕೊಳ್ಳಲು ಸ್ಥಳೀಯ ಶಾಸಕರನ್ನು ಎಕ್ಸ್-ಆಫಿಷಿಯೋ ಡೈರೆಕ್ಟರ್ಸ್ ಆಗಿ ನೇಮಕ ಮಾಡುವುದು ಒಳ್ಳೆಯದು. ಇದರಿಂದ ಅವರೂ ಸಹ ಆದರಲ್ಲಿ ಸಕ್ರೀಯವಾಗಿ ಪಾಲುಗೊಳ್ಳುವುದಕ್ಕೆ ಅವಕಾಶವಾಗುತ್ತದೆ. ಆ ಕಾರಣದಿಂದ ಈ ಬಗ್ಗೆ ಕಾನೂನಿಗೆ ಒಂದು ತಿದ್ದುಪಡಿ ತರುತ್ತೀರೂ ಮಾಡುತ್ತೀರಾ?

ಶ್ರೀ ಸಿ.ಎನ್. ಪಾಟೀಲ್ :—ಅದು ರಾಜ್ಯಸರ್ಕಾರದ ಮುಂದೆ ಬಂದಿಲ್ಲ ಈಗ ಮೊದಲನೇ ಸಲ ಆ ಒಂದು ಅಭಿಪ್ರಾಯ ಬಂದಿದೆ. ಆ ಬಗ್ಗೆ ಲೆಜಿಸ್ಲೇಟಿರ್ಸ್ ಪಾರ್ಟಿ ಒಂದು ನಿರ್ಣಯ ಕೈಕೊಂಡರೆ ವಿಚಾರ ಮಾಡೋಣ.

ಶ್ರೀ ಎಂ ಬಿ ರಾಮಸ್ವಾಮಿ :—ತಾಲ್ಲೂಕ್ ಮಂಡಲಿಗಳ ಕೆಲಸಕಾರ್ಯಗಳಲ್ಲಿ ಶಾಸಕರು ಪಾಲು ಗೊಳ್ಳುವ ರೀತಿಯಲ್ಲಿ ಇಲ್ಲಿಯೂ ಸಹ ಪಾಲುಗೊಳ್ಳುವಂತೆ ಅವಕಾಶ ಮಾಡಿಕೊಡಬೇಕು. ಏಕೆಂದರೆ ಇಲ್ಲಿ ಕೋಟ್ಯಾಂತರ ರೂಪಾಯಿಗಳ ವ್ಯವಹಾರ ನಡೆಯುತ್ತಿರುತ್ತದೆ. ಆ ರೀತಿ ನಡೆಯುವ ವ್ಯವಹಾರವನ್ನು ನೋಡಿಕೊಳ್ಳಲು ಮತ್ತು ಚೆಕ್ ಮಾಡಲು ಶಾಸಕರು ಅಲ್ಲಿರುವುದು ಸೂಕ್ತವಲ್ಲವೇ? ಇದಕಾರಣ ಈ ಬಗ್ಗೆ ತಮ್ಮ ಕಾಲದಲ್ಲಿಯೇ ಒಂದು ಕಾನೂನನ್ನು ಮಾಡುತ್ತೀರಾ?

ಶ್ರೀ ಸಿ.ಎನ್. ಪಾಟೀಲ್ :—ರಾಜ್ಯಸರ್ಕಾರದ ಮೊದಲನೇ ಸಲ ಈ ಅಭಿಪ್ರಾಯ ಬಂದಿದೆ. ಮುಂಖ್ಯವಾಗಿ ಇಲ್ಲಿ ಶಾಸಕರಾದವರಿಗೆ ನೂಗಾರು ಕೋಟಿ ರೂಪಾಯಿಗಳ ವ್ಯವಹಾರವನ್ನು ನೋಡಿ ಕೊಳ್ಳಲು ಮತ್ತು ಸೂಪರ್‌ವಿಷನ್ ಮಾಡಲು ಅವಕಾಶವಿದೆಯೇ ಎಂಬ ಪ್ರಶ್ನೆ ಬರುತ್ತದೆ.

ಶ್ರೀ ಎಚ್.ಡಿ. ದೇವೇಗೌಡ ; ಸ್ಥಳೀಯ ಸಂಸ್ಥೆಗಳಾದ ಪಂಚಾಯಿತಿಗಳು ಸೊಸೈಟಿಗಳು, ಮತ್ತು ತಾಲ್ಲೂಕ್ ಬೋರ್ಡ್‌ಗಳಲ್ಲಿ ಸ್ಥಳೀಯ ಶಾಸಕರುಗಳು ರೆಪ್ರೆಜೆಂಟ್ ಮಾಡುವುದಕ್ಕೆ ಸಾಧ್ಯವಾಗುವುದಿಲ್ಲ ಎಂದೂ ತಾವು ಹೇಳಿದಿರಿ ಆದರೆ ಅದು ಸರಿಯಲ್ಲ. ಒಂದು ಸಲ ನಮ್ಮ ಭಾಗದಲ್ಲಿ ಸ್ಥಳೀಯ ಶಾಸಕ ರೊಬ್ಬರು ಮುನಿಸಿಪಾಲಿಟಿಯ ಚುನಾವಣೆಯಲ್ಲಿ ಭಾಗವಹಿಸಿ ಒಂದು ಓಟನ್ನು ಸಹ ತೆಗೆದುಕೊಳ್ಳಲಿಲ್ಲ, ಆದು ಬೇರೆ ಮಾತು. ಮುಂಖ್ಯವಾಗಿ ಸ್ಥಳೀಯ ಶಾಸಕರಾಗಿ ಆರಿಸಿ ಬಂದಮೇಲೆ ಅವರನ್ನು ತಾಲ್ಲೂಕ್ ಮಟ್ಟದಲ್ಲಿ ಅಧಿಪತಿಯನ್ನಾಗಿ ತಮ್ಮ ಕಾಲದಲ್ಲಿ ನೇಮಕ ಮಾಡುವುದಕ್ಕೆ ಸಾಧ್ಯವೇ?

ಶ್ರೀ ಸಿ.ಎನ್. ಪಾಟೀಲ್ :—ಅಧಿಪತಿ ಎಂದರೆ ದಂಡಾಧಿಪತಿ ಎಂದು ಅರ್ಥವೇ?

ಅಧ್ಯಕ್ಷರು ;—ಪ್ರಶ್ನೋತ್ತರ ವೇಳೆ ಮುಗಿಯಿತು. ಮಾನ್ಯ ಆರೋಗ್ಯ ಮಂತ್ರಿಗಳು ಈಗ ಅಸ್ಸೆಂಬ್ಲಿಗೆ ಹೋಗಬೇಕಾಗಿರುವುದರಿಂದ ಮಾನ್ಯ ದೇವೇಗೌಡರ ಗಮನ ಸೆಳೆಯುವ ಸೂಚನೆಯನ್ನು ಮೊದಲು ತೆಗೆದುಕೊಳ್ಳುತ್ತೇನೆ.

CALLING ATTENTION TO MATTERS OF URGENT PUBLIC IMPORTANCE

(i) *re-grievances of Basic Health of Workers*

ಶ್ರೀ ಎಚ್.ಡಿ. ದೇವೇಗೌಡ(ಹೊಳೆನರಸಿಪುರ). —ಬೇಸಿಕ್ ಹೆಲ್ತ್ ವರ್ಕರ್ಸ್‌ಗೆ ಇರತಕ್ಕಂಥ ಕುಂದು ಕೊರತೆಗಳ ಬಗ್ಗೆ ಮಾನ್ಯ ಆರೋಗ್ಯ ಮಂತ್ರಿಗಳ ಗಮನವನ್ನು ಸೆಳೆಯುತ್ತೇನೆ.

SRI H. SIDDAVEERAPPA (Minister for Health).—The Scheme of Basic Health workers came into existence in 1964. When the Anti-malarial operations came to an end in some portions of the State, the personnel working in the Malaria Scheme were absorbed as Basic Health Workers,

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and they are working as such from that time. Their main function is to continue the Malaria maintenance phase and the control of communicable diseases.

There are 2181 sanctioned posts of Basic Health workers in the Department and there are 1702 persons working as Basic Health workers. Recruitment to this cadre is made directly as well as by promotion from the cadre of Surveillance workers. Basic Health Workers are eligible to be appointed aa Junior Health Inspectors, after undergoing a training course of one year and further for promotion as senior Health Inspectors. The pay scale of both Basic Health Workers and Junior Health Inspectors is the same except that Junior Health Inspectors get a special pay of Rs. 20/-p.m.

The main demand of the Basic Health Workers is in respect of the selection for the training course mentioned above. Prior to 1971 selections to the posts of Junior Health Inspectors were being made by the Public Service Commission. The Department first selected persons for training for these posts in 1971. This was made on the basis of seniority from the cadres of Malaria Surveillance workers, Malaria Surveillance Inspectors, Basic Health Workers and Family Planning Health Assistants. Of the 525 persons selected 105 belonged to the category of Basic Health Workers. The Basic Health Workers have no complaints regarding these selections.

The existing Cadre and Recruitment Rules came into force in December 1971. Selection, according to these Rules, for training as Junior Health Inspectors, has to be made in the proportion of 25% by Direct Recruitment and 75% by selection from 14 different categories of officials of the Department viz.,

(*a*) Vaccinators

(*b*) Malaria Surveillance Inspectors

(*c*) Malaria Surveillance workers

(*d*) Computors

(*e*) Basic Health Workers (who have not undergone Junior Health Inspectors' Training)

(*f*) Compounders

(*g*) Family Planning Health Assistants (who have not undergone Junior Health Inspectors' training)

(*h*) Family Planning Field workers

(*i*) B.C.G. Technician

(*l*) Non-Medical Assistants (Leprosy) (Para Medical Workers)

(*k*) Insect Collectors

(*l*) Laboratory Assistants

(*m*) Superior Field Workers

(*n*) Persons holding the following categories of posts under the local Authorities namely :

(i) Mosquito Collection Inspectors

(ii) Sub-Registrars

(iii) Sanitary Overseers

The selection is to be made by the Departmental Recruitment Committee after calling for applications from among persons who have satisfied the basic requirements *i e.*, S.S.L.C for direct recruitment and for promotion 2 years minimum service in one of the 14 cadres mentioned above.

Selections according to these Cadre and Recruitment Rules were made in the year 1972 through the Departmental Recruitment Committee. In all 525 persons were selected by the Departmental Recruitment Committee. Of these 394 were Departmental candidates. The number of Basic Herlth Workers selected was 297. The method of selection adopted by the Departmental Recruitment Committee was challenged before the High Court on the ground among others that the selections were made ignoring the seniority of the candidates concerned. In writ petition No. 3127 of 1972 the High Court upheld the selection made by the Departmental Recruitment Committee. It is against this mode of selection that the Basic Health Workers have been agitating. Their claim is that these selections should be made only on the basis of of seniority and also that the selections should be made from the following categories only i.e.,

(1) Malaria Surveillance Workers

(2) Malaria Surveillance Inspectors

(3) Basic Health Workers

(4) Family Planning Health Assistants

(5) Vaccinators

(6) Cholera Workers.

This was considered. and Government in their order No. HMA 23 HST 74 dated 24th May 1974 directed that selections for the Health Inspectors' Training should be made based on the seniority from each cadre in the ratio of the respective cadre strength from among the 14 cadres. These directions were issued, when the Departmental Recruitment Committee had not started functioning. However, recently Gvoernment have issued orders creating the Departmental Recruitment Committee. As the Cadre and Recruitment Rules now stand selections have to be made only through the Departmental Recruitment Committees. It would not be legally permissible either to have the select-

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ions made through some other agency or to delete any cadres from being considered for selection, unless the Cadre The Cadre and Recruitment Rules are amended to that effect.

Meanwhile the Government are also considering amending the Cadre and Recruitment Rules to provide greater opportunities for selection to the Basic Health Workers. The demand of the Basic Health Workers for preferential treatment and for the exclusion of certain cadres appears to be reasonable and deserves consideration. The Officers of the Department have been already directed to submit suitable proposals.

The following is the position as regards the other demands of the Basic Health Workers.

1. Information necessary for the preparation of a seniority list of Basic Health Workers has been collected and the list will be prepared as soon as possible.

2. It would be difficult to with-hold promotions to persons who had been selected in the previous batches since their selection has been legally made and has been held to be so even by the High Court of Karnataka.

3. The question of payment of Rural Allowance is being reconsidered.

4. As for the payment of Malaria Allowance, this has been ordered by the High Court of Karnataka and payment will be made accordingly.

5. The Basic Health Workers and others who have undergone the Health Inspectors' Training in 1972-73 will be appointed early.

6. As for the regularisation of local candidates who have been selected after 1st October 1969, this question will have to be examined by Government since this is a matter which relates to all Departments.

7. There are now seven Health Inspectors' training Centres in the state, where 525 persons can be trained and these centres are considered sufficient to meet the needs of the Department.

Government have decided to with-hold selection for the training course for Junior Health Inspectors for this year till the Cadre and Recruitment Rules are adequately amended.

9-30 A.M.

ಶ್ರೀ ಹೆಚ್.ಡಿ. ದೇವೇಗೌಡ.—ಕೇಡರ್ ಅಂಡ್ ರಿಕ್ರೂಟ್‌ಮೆಂಟ್ ರೂಲ್ಸ್ ಅಮೆಂಡ್‌ಮೆಂಟ್ ಮೂಡ್‌ಕ್ಕೆ ಎಷ್ಟು ಕಾಲ ಬೇಕಾಗುತ್ತದೆ ? ಈಗಾಗಲೇ ಸೂಚನೆ ಕೊಟ್ಟಿರುವುದಾಗಿ ತಾವು ಹೇಳಿದ್ದೀರಿ. ಈ ಕೆಲಸವನ್ನು ಎಷ್ಟು ದಿವಸದಲ್ಲಿ ಮುಗಿಸುತ್ತೀರಿ ? ದಯವಿಟ್ಟು ತಿಳಿಸುತ್ತೀರಾ ? Why is the matter pending like that ?

SRI H. SIDDAVEERAPPA.—Now that the Hon. Member has brought it to the notice of the Government, I shall see that it is done early.

SRI H.D. DEVEGOWDA.—Can you not fix up any time limit.

SRI H. SIDDAVEERAPPA.—If I fix a time-limit, and if it is not done within that time-limit, then what is my fate. I shall do it as early as possible.

SRI H.D. DEVEGOWDA.—That is an evasive reply. After all, amending the Cadre and Recruitment Rules is within the purview of this Government and the Cabinet can take a decision.

ಶ್ರೀ ಹೆಚ್. ಸಿದ್ದವೀರಪ್ಪ.—ಇದು ತಮಗೇ ಗೊತ್ತಿರುವಂತೆ ನಾವು ಪ್ರೊಪೋಸಲ್ ಹಾಕಬೇಕು, ಅದು ಲಾ ಡಿಪಾರ್ಟ್‌ಮೆಂಟಿನಲ್ಲಿ ಪರಿಶೀಲನೆ ಆಗಬೇಕು, ನಂತರ ಫೈನಾನ್ಸ್ ಡಿಪಾರ್ಟ್‌ಮೆಂಟ್‌ಗೆ ಹೋಗ ಬೇಕು, ಆಮೇಲೆ ಕ್ಯಾಬಿನೆಟ್‌ಗೆ ಹೋಗಿ ಅಲ್ಲಿ ಆಗಬೇಕು. ಒಂದೊಂದು ಕಡೆಯೂ ಒಂದೊಂದು ವಾರ ನಿಂತರೂ ಕೂಡ ಎಷ್ಟು ದಿವಸಗಳಾಗುತ್ತವೆ ಎಂಬುದನ್ನು ನೀವೇ ಯೋಚನೆ ಮಾಡಿ ನೋಡಿ.

ಶ್ರೀ ಹೆಚ್. ಡಿ. ದೇವೇಗೌಡ.—ಏನು, ಒಂದು ವರ್ಷ ಕೊಡೋಣವೆ ?

SRI H. SIDDAVEERAPPA.—It will be done as early as possible.

(*ii*) *re : non supply of medicines to hospitals in Shimoga District.*

SRI H. SIDDAVEERAPPA —There is one more statement about medicine in shimoga District, which was raised by my friend Mr. Kagodu Thimmappa. If permitted, I shall make that Statements.

MADAM SPEAKER.—Yes.

SRI H. SIDDAVEERAPPA.—To Calling attention notice of Sri Kagodu Thimmappa I beg to state as and follows.

There are 22. Hospitals in Shimoga District including the Mc. Gann Hospital, Shimoga, which have separate budget providions and obtain supplies from Govt. Medical Stores by sending indents There are 46 Padkage Indenting Institutions for which the Govt. Medical Stores makes supplies in packages of the value of Rs. 3,000/- or Rs. 2,000/- worth of medicines. The supply of drugs to these institutions is made from the Government Medical Stores according to the schedule of the programme fixed in this behalf. According to this programme, the Mc. Gann Hospital is entitled to its annul supply during the month of June or July and the minor institutions will get their supplies during the month of January and the Package Inde-